



**Adult Registration Form
Junior & Senior High Youth Camp
June 19-23, 2017**

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Home Church _____ Youth Pastor/Youth Leader _____

Date of Birth _____ Gender (circle one) M F

T-Shirt Size (circle one) XXL XL L M S *No Youth Sizes

Oklahoma State Youth Medical/Insurance/Liability Release Form
(Please print)

Insurance Company Name _____ Group No _____

Insured Person's Name _____ Identification No _____

Primary Doctor's Name _____ Phone _____

Medications & Dosages you are currently taking or any existing Medical Conditions/Allergies: _____

Emergency Contact _____ Phone _____

I agree to waive liability and hold Camp Bond, the Oklahoma Assembly of the Church of God, the State Youth Board, and all counselors and designated leaders and their local church harmless and blameless for any accidents and related damages or injuries that might occur during this event, or traveling to and from the event, except for clear acts of gross negligence.

I have read and understand the rules of the camp. I have read and understand the Counselor Covenant. I understand that I will be expected to abide by them.

Signature _____ Date _____



**Counselor Covenant
Junior & Senior High Youth Camp
June 19-23, 2017**

As a counselor, I will...

- Submit willingly to a background check.
- Show up for all scheduled events on time and fulfill any tasks assigned to me. I will “hang out” with the young people and not just with other counselors and staff.
- Participate in all activities with all my heart and with a smile on my face. I will support and not interrupt the leader of any event.
- Get to know my campers. I will not leave anyone out under any circumstances.
- Remain on-site at all times. I will never leave the designated areas unless given permission by the director.
- Be safe in all that I do. All campers and counselors are required to stay in the rooms when “lights out” is called in the evening until the wake up time the next morning. No one is permitted to wonder after hours.
- Respect and cooperate with the campers, other counselors, the director, workshop leaders, conference speakers, musicians, activity leaders, and other staff.
- Report any problems (fights, behavior, etc) immediately to the director.
- Display a Christ-like attitude at all times. Remember, young people do as they see, not always as they hear.
- Actively participate in and direct young people to clean up during the week and the closing of camp on Friday. No one leaves until inspections are completed.

We appreciate your willingness to serve and we believe we will have a great camp. Please remember that what you do during camp will be seen by the entire state of Oklahoma and may affect how camp is run next year and what we are able to accomplish. Please sign below if you understand and will abide by this covenant.

Counselor Signature _____ **Date** _____



Counselor / Camp Worker Background Check

****VERY IMPORTANT****

Again this year at Oklahoma State Summer Camp we are requiring every counselor and camp worker to submit to a background check from OSBI. This background check is mandatory for participation in summer camp for anyone over the age of 18 who will be working with students.

Enclosed is a form which can be mailed with church credit card information or business check made out to OSBI to complete the background check. On this form we are asking the Sr. Pastor, Youth Pastor, and the counselor submitting to the background check to sign. This will go in our camp files as record that the background check was completed.

If a counselor comes to camp without an approved background check, the youth council reserves the right to do an instant online background check at the sending churches expense. (This could be up to \$100.00.) The cost will be in addition to any other camp fees due at time of registration.

Keep in mind that this background check not only protects our state ministry, or your youth ministry, but it also protects the local church.

This background check also applies to any and all youth workers that will be at camp with your students during the week of camp. **(If the youth worker already has a background check on file with our state office, the local church that you are serving, or another organization within the last 3 years, we can accept this. Simply fill out and sign the from below.)**

Thank you for helping keep our students safe,

Counselor / Camp Worker Background Check Verification Form

Name _____

Address _____ City _____ State ____ Zip _____

Phone _____ Local Church _____

Supervisor _____

I attest and witness on this day _____, that the person listed above has submitted to a background check requested by the state youth council and Oklahoma assembly of the church of God.

Counselor Signature

Date

Sr. Pastor Signature

Date

Youth Pastor Signature

Date



REQUEST FOR BACKGROUND CHECK

Date: _____

Requested by: Oklahoma Assembly of the Church of God

Department: Board of Youth Ministry

Full name of person: _____

Address: _____

City, State and Zip: _____

Maiden Name: _____

Other Married Names:

And/Or aka: _____

Name Preference or Nickname: _____

Area Code & Phone #: _____

Sex – (Male or Female): _____

Date of Birth: _____

Social Security #: _____

State & Drivers License #: _____

Expiration Date: _____

Cost for Background check is: **\$50.00**

Permission given for check: ___ Yes Check amount enclosed: _____

Note: Background check cannot be processed until all information is provided and payment is received.